

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 2 6

2. STATE:

Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

11/15/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY ~~02~~ 03 \$1,049,000b. FFY 03 \$1,049,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A pages 3, 7.3.1(a) & 7.3.1
(c)

Attachment 3.1B pages 3, 24, & 25.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1A pages 3, 7.3.1(a)
& 7.3.1(c)

Attachment 3.1B pages 3, 24, & 25.1

10. SUBJECT OF AMENDMENT:

Prior Authorization for Home Health Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Review delegated to the Commissioner,
Dept. for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mike Robinson

13. TYPED NAME:

Mike Robinson

14. TITLE:

Commissioner, Dept. for Medicaid Ser.

15. DATE SUBMITTED:

December 14, 2001

16. RETURN TO:

Department for Medicaid Services
6th Floor, CHS Building
275 East Main Street
Frankfort, KY 40601

17. DATE RECEIVED:

December 16, 2001

18. DATE APPROVED:

February 4, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

November 15, 2001

21. TYPED NAME:

Eugene A. Grasser

20. SIGNATURE OF REGIONAL OFFICIAL:

Eugene A. Grasser for Eugene A. Grasser

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrist' services.

/X/ Provided: / / No limitations /X/ With limitations*

C1. Not provided.

c. Chiropractors' services.

/X/ Provided: /X/ No limitations / / With limitations*

/ / Not provided.

d. Other Practitioner' Services.

/X/ Provided: Identified on attached sheet with description of limitations, if any.

/ / Not provided.

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exist in area.

/X/ Provided: / / No limitations /X/ With limitations*

b. Home health aide services provided by a home health agency.

/X/ Provided: / / No limitations /X/ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

/X/ Provided: / / No limitations /X/ With limitations*

* Description provided on attachment.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home Health Services

Home health services must be provided by a home health agency that is Medicare and Medicaid certified. The service must be medically necessary, ordered by a physician, physician assistant or advanced registered nurse practitioner, prior authorized, provided in accordance with approved plan of care and provided in the individual's residence. A hospital, nursing facility or intermediate care facility for mentally retarded shall not be considered as an individual's place of residence. Prior authorization must be conducted by the Department and is based on medical necessity; physician's orders; the recipient's needs, diagnosis, condition; the plan of care; and cost-effectiveness when compared with other care options.

7a. Intermittent or Part-time Nursing Service

Intermittent or part-time nursing services must be ordered by a physician, physician assistant or advanced registered nurse practitioner, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence. Home health agencies may provide disposable medical supplies necessary for, or related to, the provision of intermittent or part-time nursing service as specified for coverage by the Medicaid Program.

7b. Homehealth Aide Services

Homehealth aide services must be ordered by a physician, physician assistant or advanced registered nurse practitioner, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence.

7c. Medical Supplies, Equipment, Prosthetics, and Orthotics Suitable for Use in the Home

Each Provider desiring to participate as a durable medical equipment, prosthetic, orthotic, or medical supply provider must be a participating Medicare provider and sign a provider agreement with the Department for Medicaid Services.

Durable medical equipment, prosthetics, orthotics, and medical supplies are covered only in accordance with the following conditions:

1. The Department covers items specified in the Medicare region C DMERC DMEPOS Suppliers Manual. The provider may, however, submit requests for other specific items not covered by Medicare or not routinely covered by the Medicaid Program for consideration.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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- g. Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 USC 1396d(r) and 42 CFR 441 Subpart B, for recipients under twenty-one (21) years of age.
- 5. An item of durable medical equipment, prosthetic, or orthotic shall be durable in nature and able to stand repeated use. Coverage of an item of durable medical equipment, prosthetic, orthotic, or medical supply shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; shall be appropriate for use in the home; and shall be medically necessary, and reasonable.
- 6. The following general types of durable medical equipment, prosthetics or orthotics are excluded from coverage under the durable medical equipment program:
 - a. Items which would appropriately be considered for coverage only through other sections of the Medicaid Program, such as frames and lenses, hearing aids, and pacemakers;
 - b. Items which are primarily and customarily used for a non-medical purpose, such as air conditioners and room heaters;
 - c. Physical fitness equipment, such as exercycles and treadmills; and,
 - d. Items which basically serve a comfort or convenience of the recipient or the person caring for the recipient, such as elevators and stairway elevators.
- 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, or speech pathology services provided by a home health agency must be ordered by a physician, physician assistant or advanced registered nurse practitioner, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence. Audiology services are not provided under this component. Physical therapy, occupational therapy, or speech pathology services provided by a medical rehabilitation facility are not provided under this component.

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as define by State law.

a. Podiatrists' Services

/X/ Provided: / / No limitations /X/ With limitations*

b. Optometrist' Services

/X/ Provided: / / No limitations /X/ With limitations*

c. Chiropractors' Services

/X/ Provided: /X/ No limitations / / With limitations*

d. Other Practitioners' Services

/X/ Provided: / / No limitations /X/ With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

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b. Home health aide services provided by a home health agency.

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